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## BIB DATA SHEET

CONFIRMATION NO. 6279

<b>SERIAL NUMBER</b> 10/576,510	<b>FILING or 371(c) DATE</b> 05/24/2006 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 4138	<b>ATTORNEY DOCKET NO.</b> 06038		
<b>APPLICANTS</b> Lothar Volkl, Goldbach, GERMANY; Philip Von Schroeter, Rodenbach, GERMANY; <b>** CONTINUING DATA ***** HB</b> This application is a 371 of PCT/EP04/13964 12/08/2004 <b>** FOREIGN APPLICATIONS ***** HB</b> GERMANY 103 57 699.1 12/09/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/15/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/HEIDI M BASHAW/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> DENNISON, SCHULTZ & MACDONALD 1727 KING STREET SUITE 105 ALEXANDRIA, VA 22314 UNITED STATES						
<b>TITLE</b> Procedure for determining the form of a residual tooth area						
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			